



Employment Reference

Applicant Name: _____ Social Security #: _____

Employer's Name: _____

Supervisor's Name: _____ Telephone #: _____

Address: _____ Fax#: _____

City, State, Zip: _____

I authorize the following information to be released to Therapeutic Resources, Inc.:

Signature: _____ Date: _____

(Applicant: please complete the section above and return it with the rest of your application)

Dear Employer:

The individual above has applied to work for Therapeutic Resources and has submitted your name as a former employer for reference purposes. Due to the serious nature and the responsibility of working in the healthcare industry, it is extremely important for us to perform thorough reference checks. Therefore we would appreciate your cooperation in completing the following questions and returning the form to us as soon as possible. (Fax: 888-394-2351) Thank you in advance for your cooperation and assistance.

Position(s) Held: _____ Employed From: _____ To: _____ Eligible

for rehire: Yes No

	Exceeds	Meets	Below
Quality of Work			
Quantity of Work			
Attendance Habits			
Communicates Effectively			
Demonstrates Competent Skills			
Demonstrates courteous, cooperative, respectful behavior towards co-workers and patients			
Ability to handle stress			
Overall Nursing Skills			

Additional Comments:

Name: _____ Title: _____

Signature: _____ Date: _____

(Employer: Please Fax Reference Form to 888-394-2351. Thank You)